C	eremonial Role Ever	its and Ticket/P	ass Distr	ibutions	RECEIVE	ຼ A Public	c Document	
1.	Agency Name City of San José				San Jong Stamp	Clar Calif	ornia QAA	
	Division, Department, or Region (if applicable)				118 SEP -6 PM	For	Official Use Only	
	Courton District 2				- 0 111	3: 11		
	Designated Agency Contact (Name, Title)							
	Kimberly Hernandez				Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number			]	dot / fortale _/pre			
	(408) 535-4902	ca.gov		Date of Original Filing:(month, day, year)				
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of				f Each Ticket/Pass \$ <sup>149</sup>			
	Event Description: Camila Sin Banderas concert Date(s) 9				<u>/ 7 / 18</u>			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: San Jose				é Arena Authority Name of Source			
	Was ticket distribution made at the behest $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				Official's Name (Last, F	irst)		
3.	Recipients							
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				ual. • Use Section C to i	dentify an outsi	de organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	District 2 Office	2	Host of reco	ognition event				
	B. Name of Indi	the contract of the contract of the contract of	Number of Ticket(s)/ Passes		Identify one of t	he following:		
					nonial Role Othe	er   r" describe below:	Income	
				1	ionial Role  Othe	er 🔲	Income	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the	agency's policy	
	Serenade Neighborhood A	22	recognition					
	Verification							
	I have read and understand FP with the requirements	PC Regulations 18944.	1 and 18942. I	ı nave verified ti	nat the distribution se	nt torth above,	is in accordance	
	Den//	Jimenez		Councilmember		9/6/18		
•	Signature of Agency Head or Design	ee Pri	nt Name		Title		(month, day, year)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Form City of San José For Official Use Only Division, Department, or Region (if applicable) 2018 SEP -6 Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 73.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Old School Funk Fest concert Date(s) \_\_9\_/ 15 , Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition Shop With A Cop Foundation 8 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Councilmember 9/6/18 Sergio Jimenez Print Name (month, day, year)

Agency Report of:

Comment: